



Dear Fellow Citizen,

Thank you for your willingness to serve on a state board or commission. Volunteerism and public service are a wonderful trademark of our country.

In order to receive the best possible consideration, we ask that you complete the application form below. It is valuable to include, or have sent, recommendation letters from those who know you personally in your community.

By legislative mandate or executive order, there may be specific requirements for certain appointments. For example, factors such as political party, geographical distribution, and professional or occupational disciplines may be relevant. For details on these requirements, please click on the state website: <https://governor.wyo.gov/state-government/boards-commissions> or call (800-452-1408 or 307- 777-5647) to discuss eligibility requirements and answer any questions you may have before you complete the application.

Please note that applications for gubernatorial appointments are generally kept on active file for a period of two years.

Again, your interest in serving is greatly appreciated.

Please return your application to: Lori Cielinski
Wyoming Relay
444 West Collins Dr., Suite 1200
Casper, WY 82601

Fax: (307) 472-5601 ATTN: Lori
Email: lori.cielinski@wyo.gov

Please list the Board(s), Commission(s), and/or Council(s) in which you are interested (use additional sheets if necessary):

1) Telecommunications Relay Service (Wyoming Relay) Advisory Committee

2)

Full Name: _____ Email address: _____

Physical Street Address: _____ Mailing address: _____

City: _____ State: WY Zip Code: _____

Professional License or Certification #: _____
(if applicable)

Phone: H: _____ W: _____ Cell: _____ Fax: _____

Preferred Method of Contact: ☐ Ph/H ☐ Ph/W ☐ Ph/Cell ☐ Fax ☐ Email ☐ Mail

Gender: Male ☐ Female ☐ Date of birth: _____

Occupation, profession, or position (please include employer's name):

Please provide a brief description of your work experience, including duties performed:

Education (please list degrees, schools, dates):

By statute, certain boards and commissions require party affiliation balance.

Political affiliation: _____
(Republican, Democrat, Independent, Other)

Registered at least 6 months with this party?
Yes ☐ No ☐

Please list any Boards, Commissions, or other organizations to which you currently belong, as well as offices held:

Please list current activities or volunteer work (i.e.: involvement in the areas of Health, Social Services, Education, Recreation, Youth, Aging, Government, Community Relations, Art, History, Agriculture, etc.):

Please list any circumstances that may restrict your availability to serve, if appointed:

Do you have a unique perspective regarding issues facing the board(s) to which you are applying?

Please feel free to provide us with any additional information you believe would assist us in our appointment process. Use additional sheets if necessary. Letters of recommendation are welcome but certainly not a requirement.

I certify that all information contained on this application is true and complete to the best of my knowledge and belief. I understand that any misrepresentations or falsifications may result in removal of appointment.

Name (please print): _____

Signature _____ Date _____